FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000063132**1. Corporation Name

MORNINGSTAR FOODSERVICE, INC.

1									
Principal Place	of Business	Mailing Address			7 104(108) 110 10111 10111 00111 00111		1188 11181 1188B		
5889 RODMAN	STREET	5889 RODMAN STREET							
HOLLYWOOD FI	*·	HOLLYWOOD FL 33023			DO NOT WORK	IN THIS C	CDACE		
					DO NOT WRITE	IN THIS S	SPACE -		<u>-</u>
	-			– .	3. Date incorporated or Qualifed		•		
					07/21/1997			K-d Far	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			olied For	÷
21		26			59-3461098			Applicable	•
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	J	\$8.75 A Fee Red		
City & State	9	City & State	-		6. Election Campaign Financing		\$5.00 (May Be	
23		28			Trust Fund Contribution		Added to	Fees	
Zip	Country	Zìp	Coun	try	8. This corporation owes the current	year Inta	ngible		
24	25	29	30		Personal Property Tax.		Yes	□No	
	9. Name and Address of Currel				10. Name and Address of New Reg	istered A	gent	-	
				81 Name	···				
SELL	MAN, ALLEN		-		(D.O. D. Alexandella			_	
5889 RODMAN STREET			l'	82 Street Add	ress (P.O. Box Number is Not Acceptable	*)			
HOLLYWOOD FL 33023									
				[29 (a)	
			[-	84 City		FI	85 Zip C	ode '	
		22 and CO7 1500 Florido Statute	tho oh	ove named corr	poration submits this statement for the DU	rnose of o	hanging its	registered	
affine are	egistered agent or both in the State	of Florida, Such change was at	itnorizea	ny the corporasi	poration submits this statement for the pulion's board of directors. I hereby accept the	rnose of o	changing its tract as reg	registered gistered	
affine are	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was at	itnorizea	ny the corporasi	poration submits this statement for the pulion's board of directors. I hereby accept the	rnose of o	hanging its treet	registered gistered	
office of re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at ations of, Section 607.0505, Flor	ida Statu	by the corporati	ion's board of directors. Thereby accept to	rpose of one appoin	changing its triment as reg	registered jistered	_
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida. Such change was at ations of, Section 607.0505, Flor and title if applicable. (NOTE:	ida Statu	ny the corporasi	ed when reinstating)	rpose of one appoint			(00)
office or reagent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI	of Florida. Such change was at ations of, Section 607.0505, Flor and title if applicable. (NOTE: ND DIRECTORS	ida Statui Registered A	by the corporati	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12	11,00)
office or reagent. I as SIGNATURE 12.	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS Af	of Florida. Such change was at ations of, Section 607.0505, Flor and title if applicable. (NOTE:	Registered A	by the corporation test. Agent signature require	ed when reinstating)	rpose of one appoint			(44,00)
office or reagent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AT D SELLMAN, ALLEN	of Florida. Such change was at ations of, Section 607.0505, Flor and title if applicable. (NOTE: ND DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAM	by the corporation test. Agent signature required. E	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12	(00/14/00)
office or reagent. I as SIGNATURE 12.	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Flor and title if applicable. (NOTE: ND DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STE	by the corporati	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12	05034 (44,00)
office or reagent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AT D SELLMAN, ALLEN	of Florida. Such change was at ations of, Section 607.0505, Florint and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR	by the corporatives. Agent signature require E. AE REET ADDRESS Y-ST-ZIP	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12	DDDE024 (44,00)
office or r agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Flor and title if applicable. (NOTE: ND DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STE	by the corporatives. Agent signature require E. AE REET ADDRESS Y-ST-ZIP	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12	CD2E024 (44,08)
office or r agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Florint and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR	by the corporatives. Agent signature require E. AE AE AE AE AF AF AF AF AF AF	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12	CD2E034 (41/08)
office or r agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Florint and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM	by the corporatives. Agent signature require E. AE AE AE AE AF AF AF AF AF AF	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12	CD0E004 (41,000)
office or r agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Florint and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered A 13. 1.1 TIT 1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STF	by the corporatives. Agent signature require E. AE AE AE AE AE AE AE AE AE	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12 Addition	CD2E034 (44,008)
office or r agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Florint and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered A 13. 1.1 TIT 1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STF	tes. Agent signature require E. E. AE AE AE AE AE AE AE AE	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12	CD0E034 (44,008)
office or r agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Florint and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered A 13. 1.1 TITL 12 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT	Agent signature required LE AGE AGE AGE AGE AGE AGE AGE	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12 Addition	CD2E034 (44,09)
office or r agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Florint and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered # 13.	Agent signature required LE AGE AGE AGE AGE AGE AGE AGE	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12 Addition	CD2E034 (44,08)
office or r agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Florint and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered A 13.	Agent signature require LE AE LE LE LE LE LE LE LE LE	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12 Addition	CD2E024 (44,00)
office or r agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Florint and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered A 13.	Agent signature require LE AE REET ADDRESS Y-ST-ZIP	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12 Addition	(44,08)
office or r agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Florint and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered A 13. 1.1 TIT 1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STF 2. 4 CIT 3.1 TITI 3.2 NAM 3.3 STF 3.4 CIT	Agent signature require LE AE REET ADDRESS Y-ST-ZIP LE	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12 Addition Addition	(A1100)
office or in agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Florint and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered A 13.	Agent signature require LE ALE ALE ALE ALE ALE ALE ALE ALE ALE	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12 Addition Addition	(141/08)
office or in agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Florint and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered A 13.	LE ALE REET ADDRESS Y-ST-ZIP LE ALE REET ADDRESS HE REET ADDRESS HE REET ADDRESS HE REET ADDRESS	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12 Addition Addition	(44,008)
office or in agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Florint and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered A 13.	Agent signature require LE ALE ALE ALE ALE ALE ALE ALE ALE ALE	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO	RS IN 12 Addition Addition	(A100)
office or in agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Florint and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered A 13.	Agent signature require LE ALE ALE ALE ALE ALE ALE ALE ALE ALE	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition	(44,08)
office or in agent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D SELLMAN, ALLEN 5889 RODMAN STREET	of Florida. Such change was at ations of, Section 607.0505, Florint and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered A 13.	Agent signature require LE ALE ALE ALE ALE ALE ALE ALE ALE ALE	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	rpose of one appoint	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition	(41/08)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, or

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90022 032 ***150.00

☐ Addition